

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

**Petition
Directing Compensation
for Special Prosecutor**

(Print or type information. Submit an original and two copies of this petition to the court.)

UNDER OATH I STATE:

1. I was appointed special prosecutor for:

☐ State of Wisconsin

☐ Other: _____

vs. _____, Case No. _____.

☐ The period _____ to _____.

2. A complete and truthful itemization on form DOA-5186, issued by the Department of Administration, of the time involved in completing this appointment is attached.

☐ This is an interim request for compensation. The duties of special prosecutor have not yet been completed.

☐ This is a final billing. All duties must have been completed.

3. I request payment by the Department of Administration for these services.

- ☐ 4. An itemization of disbursements is attached, for which I request payment by the county.

Payment should be sent to:

Name of Special Prosecutor

Complete Mailing Address

Telephone Number

Bar Number

State of _____

County of _____

Subscribed and sworn to before me on _____

Notary Public/Court Official

Name Printed or Typed

My commission/term expires: _____

Special Prosecutor

Title (Print or Type Name if not eSigned)

Date